

**AMENDMENT TRANSMITTAL LETTER (Small Entity)**Applicant(s): **Teodulo AVES**

Docket No.

**06570.002002**

Serial No.

**09/994,320**

Filing Date

**11/26/2001**

Examiner

**Ann Y. Lam**

Group Art Unit

**3763**Invention: **MEDICAL NEEDLE****TO THE ASSISTANT COMMISSIONER FOR PATENTS:**

Transmitted herewith is an amendment in the above-identified application.

- ☐ Small Entity status of this application has been established under 37 CFR 1.27 by a verified statement previously submitted.
- ☐ A verified statement to establish Small Entity status under 37 FR 1.27 is enclosed.

The fee has been calculated and is transmitted as shown below.

**CLAIMS AS AMENDED**

|  | CLAIMS REMAINING<br>AFTER AMENDMENT | HIGHEST #<br>PREV. PAID FOR | NUMBER EXTRA<br>CLAIMS PRESENT | RATE    | ADDITIONAL<br>FEE |
|--|-------------------------------------|-----------------------------|--------------------------------|---------|-------------------|
| TOTAL CLAIMS   | 21 -                                | 21 =                        | 0 x                            | \$9.00  | \$0.00            |
| INDEP. CLAIMS  | 4 -                                 | 4 =                         | 0 x                            | \$42.00 | \$0.00            |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/> |                                     |                             |                                |         | \$0.00            |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT                                  |                                     |                             |                                |         | \$0.00            |

- ☒ No additional fee is required for amendment.
- ☐ Please charge Deposit Account No. \_\_\_\_\_ in the amount of \_\_\_\_\_  
A duplicate copy of this sheet is enclosed.
- ☐ A check in the amount of \_\_\_\_\_ to cover the filing fee is enclosed.
- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. **50-0591**  
A duplicate copy of this sheet is enclosed.
- ☒ Any additional filing fees required under 37 C.F.R. 1.16.
- ☒ Any patent application processing fees under 37 CFR 1.17.

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I certify that this document and fee is being deposited on \_\_\_\_\_ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

*Signature of Person Mailing Correspondence**Typed or Printed Name of Person Mailing Correspondence*

CC:

#10/86  
7-15-B

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Teodulo AVES  
Serial No.: 09/994,320  
Filed : November 26, 2001  
Title : MEDICAL NEEDLE

Art Unit : 3763  
Examiner : Ann Y. Lam

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**REPLY UNDER 37 CFR § 1.111**

In response to the Office Action dated January 31, 2003, please consider the included remarks. Applicant thanks the Examiner for her thorough review of the application. Furthermore, the Applicant thanks the Examiner for the courtesies extended during the telephone conference of February 10, 2003.

**RECEIVED**  
**JUL 07 2003**

TECHNOLOGY CENTER R3700